

Form 5.2

INFRASTRUCTURE PLAN REVIEW FORM

CITY OF TERRE HAUTE - DEPARTMENT OF ENGINEERING
17 HARDING AVENUE, ROOM 200
TERRE HAUTE, IN 47807
PHONE: (812) 232-4028 FAX: (812) 234-3973

Project Name _____ Project Address _____

Owner Information

Design Firm Information

Name _____

Co. Name _____

Address _____

Address _____

Professional Engineer _____

Contact Person _____

Contact Person _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Contractor Information

Purpose (please check appropriate review)

Name _____

Proposed Subdivision _____

Address _____

Commercial/Industrial Development _____

Public Roadway _____

Public Storm Sewer _____

Contact Person _____

Public Sanitary Sewer _____

Telephone _____

Other (Describe) _____

Fax _____

(Office Use Only)

Assigned Project No: _____

Date of Submittal _____

Site and Drainage Plan _____

Sewer Tap Agreement # _____

Drainage Calculations _____

Cap-Off Inspection # _____

Work within ROW ft². _____

Lateral Inspection # _____

Traffic Impact _____

Drive Access _____

Easements _____

Reviewed By _____

Comments Attached _____